

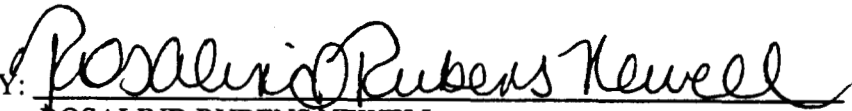
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Entered - 10/08/99 - sb
CL99L0655 - DIANNE C. MITCHELL

CLAIM OF: **SHERRI A. MCNAIR**
4800 Cascade Road
Atlanta, Georgia 30331

For damages alleged to have been sustained as a result of vehicular damage
due to road construction on July 18, 1999 at 2069 County Line Road.

THIS ADVERSED REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0655

Date: October 17, 2000

Claimant /Victim SHERRI A. MCNAIR

BY: (Atty) (Ins. Co.) _____

Address: 4800 Cascade Road, Atlanta, Georgia 30331

Subrogation: _____ Claim for Property damage \$ 417.25 Bodily Injury \$ _____

Date of Notice: 09/22/99 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 07/18/99 Place: 2069 County Line Road

Department _____ Division: _____

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges she damage her vehicle due to road construction. The investigation determined that United Water Services Atlanta was responsible for the road cut. United Water Services Atlanta has reimbursed the claimant for her loss.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures X Diagrams _____ Reports: Police _____ Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved X Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

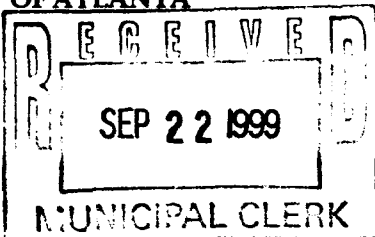
Claims Manager:  Concur/date 10-17-00

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA

MUNICIPAL CLERK

City Hall

55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

 Today's Date: 9-21-99
 ENTERED - 10-8-99 - SB
 99L0655 - MIKE REEVES

09-22-99P03:46 RCVD

Reeves
10/04/99

JRM

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 417.25 property and/or \$ 0 bodily injury for which I contend the City is liable.

 1. Date of incident: 7-18-99
 (month/day/year)

 2. Police called: Yes ☒ No

 3. Location of incident: Between 2069 and 2076 County Line Rd. S.W.

 4. Name of your insurance company: Safeway Insurance Policy No. AG991115

 5. State what and how incident occurred: Turns driving down County Line Rd. and drove over this big pot hole (see attached pictures). Which resulted in having two flat tires bent rims and hub caps broke.

6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

7. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

 Your vehicle: Hyundai 95 787 MTL Shuni McMair
 (make) (year) (tag number) (driver's name)

 City vehicle: _____
 (make) (City driver's name) (department/bureau)

 8. Witness: Sherrel McMair 4800 Cascade Rd. (4) 691-8655
 (name) (address) (telephone number)

9. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

10. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Shuni A. McMair
 (claimant's name)

4800 Cascade Rd
 (address)

Atlanta, Ga 30331
 (city and state)

(4) 730-~~2220~~ (4) 691-8655
 (work number) (home number)

00-R -1744

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